COLONY OAKS CARE CENTER 601 BRIARCLIFF DRIVE

APPLETON 54915 Phone: (920) 739-4466 Ownershi p: Corporati on Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/01): Title 18 (Medicare) Certified? 92 Yes Total Licensed Bed Capacity (12/31/01): 101 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 89 ********************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	1/01)	Length of Stay (12/31/01)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	40. 4 33. 7
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	7. 9	More Than 4 Years	25. 8
Day Services	No	Mental Illness (Org./Psy)	27. 0	65 - 74	9. 0		
Respite Care	Yes	Mental Illness (Other)	4. 5	75 - 84	43.8		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	1. 1	85 - 94	31. 5	**********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	7. 9	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	5. 6			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	10. 1		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	11. 2	65 & 0ver	92. 1		
Transportation	No	Cerebrovascul ar	9.0			RNs	12. 4
Referral Service	No	Di abetes	1. 1	Sex	%	LPNs	5. 6
Other Services	No	Respi ratory	5. 6			Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	24. 7	Male	36. 0	Ai des, & Orderlies	40. 2
Mentally Ill	No		i	Femal e	64. 0		
Provi de Day Programming for			100. 0		j		
Developmentally Disabled	No		i		100. 0		
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Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)		0ther			Pri vate Pay			Family Care		1	Managed Care						
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	13	100.0	298	54	94. 7	100	0	0.0	0	18	100.0	135	0	0.0	0	1	100.0	250	86	96. 6
Intermedi ate				3	5. 3	83	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	3.4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	i 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	13	100.0		57	100.0		0	0.0		18	100.0		0	0.0		1	100.0		89	100.0

COLONY OAKS CARE CENTER

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti ons	, Services, an	nd Activities as of 12	/31/01
Deaths During Reporting Period			Total				
Percent Admissions from:		Activities of	%		edi ng ance of	% Totally	Number of
Private Home/No Home Health	7. 3	Daily Living (ADL)	Independent		Two Staff	Dependent	Resi dents
Private Home/With Home Health	3. 9	Bathi ng	5. 6		8. 4	36. 0	89
Other Nursing Homes	0. 6	Dressing	5. 6		8. 4	36. 0	89
Acute Care Hospitals	87. 2	Transferring	30. 3		3. 8	25. 8	89
Psych. Hosp MR/DD Facilities	0. 0	Toilet Use	16. 9		8. 3	34. 8	89
Rehabilitation Hospitals	0. 0	Eating	64. 0		9. 1	16. 9	89
Other Locations	1. 1	********	*****	*******	******	*******	******
Total Number of Admissions	179	Continence		% Sp	ecial Treatmen	ts	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	- I	Receiving Resp		9. 0
Private Home/No Home Health	21.7	Occ/Freq. Incontinent			Receiving Trac		1. 1
Private Home/With Home Health	15. 4	Occ/Freg. Incontinent			Receiving Suct		1. 1
Other Nursing Homes	3. 4	1			Receiving Osto		1. 1
Acute Care Hospitals	23. 4	Mobility			Receiving Tube		2. 2
Psych. HospMR/DD Facilities	0. 6	Physically Restrained	d			anically Altered Diets	
Rehabilitation Hospitals	0. 0	j , , , , , , , , , , , , , , , , , , ,			0	J .	
Other Locations	4. 6	Skin Care		0t	her Resident C	Characteri sti cs	
Deaths	30. 9	With Pressure Sores		1. 1	Have Advance D	i recti ves	100. 0
Total Number of Discharges		With Rashes			di cati ons		
(Including Deaths)	175	Í			Receiving Psyc	hoactive Drugs	61. 8

************************************* Ownershi p: Bed Size: Li censure: 100-199 Skilled Al l Thi s Propri etary Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 85.7 82.7 1.04 83.8 1.02 84.3 1.02 84.6 1.01 Current Residents from In-County 80.9 82. 1 0.98 84. 9 0.95 82.7 0.98 77. 0 1.05 Admissions from In-County, Still Residing 19.0 18.6 1.02 21.5 0.89 21.6 0.88 20.8 0.91 Admissions/Average Daily Census 205.7 178.7 1. 15 155. 8 1. 32 137. 9 1.49 128. 9 1.60 Discharges/Average Daily Census 201.1 179.9 1. 12 156. 2 1. 29 139. 0 1.45 130. 0 1.55 Discharges To Private Residence/Average Daily Census 74.7 76. 7 0.97 61.3 1. 22 55. 2 1.35 52.8 1.42 Residents Receiving Skilled Care 96. 6 93.6 1.03 93. 3 1. 04 91.8 1.05 85. 3 1.13 Residents Aged 65 and Older 92. 1 93.4 0.99 92.7 0.99 92. 5 87. 5 1.00 1.05 Title 19 (Medicaid) Funded Residents 64.0 63.4 1.01 64.8 0.99 64.3 1.00 68. 7 0.93 Private Pay Funded Residents 20. 2 23.0 25.6 22. 0 0.88 23. 3 0.87 0.79 0. 92 Developmentally Disabled Residents 0.0 0. 7 0.00 0.9 0.00 1. 2 7. 6 0.00 0.00 Mentally Ill Residents 31.5 30. 1 1.05 37. 7 0.83 37. 4 0.84 33.8 0.93 General Medical Service Residents 24.7 23.3 1.06 21. 3 1. 16 21. 2 1.17 19.4 1.27 49.3 1.08 Impaired ADL (Mean) 53.0 48.6 1.09 49. 6 1.07 49.6 1.07 Psychological Problems 61.8 50.3 1.23 53. 5 1. 15 54. 1 1. 14 51. 9 1. 19 Nursing Care Required (Mean) 6.3 6. 2 1.02 6. 5 0. 98 6. 5 0.97 7. 3 0. 86